

**Form III – Reconciliation Certificate**

[On the letter head of bank's auditors]

To

Address of the bank audited

We, (Bank's Auditors [Internal/Concurrent] details) hereinafter referred to as "Bank's Auditors" have been requested by (bank's Name), having its Registered Office at the above-mentioned address, to issue the Reconciliation Certificate (RC) containing the details of returns filed with the Reserve Bank of India ("the Statement") for the half-year ended ..... for the purpose of submission to Reserve Bank of India (RBI) in accordance with the Depositor Education and Awareness Fund Scheme, 2014 and the Reserve Bank of India (Small Finance Banks – Miscellaneous) Directions, 2025.

**2. Auditor's Responsibility**

Pursuant to the requirements of the Depositor Education and Awareness Fund Scheme, 2014, it is our responsibility to provide a reasonable assurance whether the returns filed by the bank with the RBI have been correctly compiled by the bank in accordance with the Depositor Education and Awareness Fund Scheme, 2014.

**3. The following documents have been furnished by the bank:**

- (a) Copy of monthly returns in Form I and Form II filed with RBI
- (b) Details of settlement made by the branches of the bank to customers
- (c) Other books and records of the bank

**4. We have performed the following procedures:**

- (a) Verified Form I and Form II
- (b) Verified details received from the branches regarding settlement made to customers on sample basis
- (c) Checked the details regarding reconciliation of balances for the Half Year ended March ..... / September....., as under:

(Please certify either **c.i or c.ii** and strike out whichever is not applicable)

**i. If the balances tally**

We certify that balances of unclaimed deposits transferred by the bank to the DEA Fund under various heads as shown in the General Ledger of the bank, tally with the balances maintained with the DEA Fund Cell as reflected in Form I generated from the DEA Fund module of RBI, as on 31-03-..... or 30-09-.....

**ii. If the balances do not tally**

We observe that while balance of unclaimed deposits as shown in the General Ledger of the bank as on 31-03-...../ 30-09-..... is ₹....., balance of unclaimed deposits as shown in the balances maintained with the DEA Fund Cell as reflected in Form I generated from the DEA Fund module of RBI, as on 31-03-..... / 30-09-..... is ₹.....

- (d) Verified that the returns have been correctly compiled in accordance with the Depositor Education and Awareness Fund Scheme, 2014.

**5. The balance of DEA Fund as it appears in the books of the bank as on 31-03-..... / 30-09-..... is as under**

(Amount in crore)

<b>Sr. No.</b>	<b>Particular</b>	<b>Current Half-Year 31-03-yyyy / 30-09-yyyy</b>	<b>Previous Year 31-03-yyyy / 30-09-yyyy</b>
1 .	Opening balance of DEA Fund as on 01-04-yyyy / 01-10-yyyy		
2.	Add: Amounts transferred to DEA Fund during the half-year .....		
3.	Less: Amounts reimbursed by DEA Fund towards claims during the half-year .....		
4.	Closing balance of DEA Fund as on 31-03-yyyy / 30-09-yyyy (1+2-3)		

**6.** Based on the procedures performed by us as mentioned in paragraph 4 above, information and explanations given to us by the bank's management and to the best of our knowledge, we report that the **DEA Fund Returns/Certificates have been compiled correctly/have not been compiled correctly by the bank\*** in accordance with Depositor Education and Awareness Fund Scheme, 2014.

**7.** This certificate is issued solely for the purpose of submission to RBI. This certificate should not be used by any other person or for any other purpose.

Signatures of Bank's Auditors (Internal /Concurrent) with registration number (FRN) & seal

Place:

Date:

UDIN / Internal Document Identification Number:

**Details of Bank Officials (other than the authorised signatories for Form II):**

	1 <sup>st</sup> Official	2 <sup>nd</sup> Official
Signature with bank's seal		
Name		
Designation		
Place		
Date		

\*Strike out whichever is not applicable